

MINUTES
Stakeholder Conference Call
September 8, 2006

Attendees: Stakeholders, Regional Community Services Staff, HarmonyIS Milestone Oversight team, HealthCarePerspective LLC team, Fordyce Mitchel, and Daphne Rosalis

1. MRSIS Schedule

- a. We are still on schedule for the financial module delivery from Harmony, but the User Acceptance Testing has been pushed back a week and also extended. The purpose of the UAT is to go through the system step-by-step to make sure that 1) the system is working correctly and 2) the pages are set up correctly. For MR most of the UAT will be centered on entering a claim into the system directly.
- b. September 18-21 we will begin the pilot site training and testing. We will have 3 agencies come in on the 20th and 21st and we'll walk through the system with them, train them on how to submit a claim to MRSIS, then they will go back to their agency and bill claims to both EDS and MRSIS in order to make sure MRSIS and EDS gives the same response on claims being filed.

2. Case Management and Prior Authorization

- a. There are a number of 310 agencies on this call and as you all know there are currently 3 procedure codes for case management. Almost everybody uses the procedure code for adults with mental retardation (G9008 U2). This procedure code doesn't require any special authorization at EDS and will not require authorization in MRSIS.
- b. There is the Early Intervention case management code (G9006 U3) and Early Intervention is not going to be a part of MRSIS and you may know that the Office of Early Intervention is moving to Children's Services. We have requested a new departmental payee number from Medicaid so that Early Intervention can keep the one that we currently use. We will have a new payee number for Adult Targeted Case Management as soon as the number is assigned. We will send this out in writing.
- c. There is another case management code for children with mental retardation (G9005 U3). This procedure code requires an EDS prior authorization. The point of the prior authorization isn't to establish a unit amount or a billing amount, it is to lock that child into a given provider so that no other provider can also bill for case management for that child. This is a concern to us because we have a couple hundred kids in the waiver under 18. They all have to have case management (case management has to use this procedure code) and most of the kids are in the custody of DHR. DHR has agreed to relinquish the EDS prior authorization to DMR and pay the match for the case management for children in the waiver. In order to accommodate all of this we are going to require that children with case management (G9005 U3) will have to be prior authorized in MRSIS. You may say that is two prior authorizations and we know this. The regional office will set up the prior authorization for kids under 18 and will use both the MRSIS prior

authorization number, as well as the EDS prior authorization number. The case management provider needs to let the regional office know the prior authorization number. The provider will need to be with only the MRSIS prior authorization number. When the provider bills for these services the MRSIS system will adjudicate the claim based on the MRSIS prior authorization, but will strip off the MRSIS prior authorization number and will replace that with the EDS prior authorization number before sending the claim to EDS. This is a complicated process for a small number of claims, but the number of children may grow. This process is for any provider that enters their claims through the direct entry Two-Part Harmony mechanism. For providers that submit electronic claims, and most of them will in the beginning, they will use the MRSIS prior authorization number on the 837. The system will read the MRSIS prior authorization number and substitute the number when the claim goes to EDS.

3. We spent the week with Harmony folks and were able to look at the application. When we first looked at it we saw a few bugs immediately. We made comments to Harmony and they were fixed. Come Monday we'll get another shot at looking at the application and go into greater detail working with testing scripts. Internally, we will continue to do UAT to make sure that the application works and looks the way we expect it to.